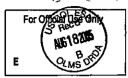U S Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U *9685*	2 Fiscal Year Covered From

2 Fiscal Year Covered From [1] / [1] / [2004] Through [12] / [31] / [2004]

3 Name and address of person filing

Name PATRICK | J | DEVLIN

P O Box Bldg Room No if any

Street 1640 Porter Street

City Detroit

State Michigan   ZIP Code + 4 48216

4 Name file number and address of labor organization

Name GREATER DETROIT BUILDING & TRADES

Labor Organization File Number 040-522

P O Box Building and Room Number if any

Street 1640 Porter Street

City Detroit

State Michigan   ZIP Code + 4 48216

5 Position in labor organization Secretary Treasurer

**Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the Instructions)**

**A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of
monetary value from an employer whose employees your organization represents or is actively seeking to represent**

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State   ZIP Code + 4

7 a. Nature of Interest, Transaction or Income

7 b Amount.

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the Instructions)

Signed _(signature)_   On 8-12-05   313-965-5080
                          Date   Telephone Number

B Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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8 Name and address of Business (including trade name, if any)

Name `Blue Cross Blue Shield Of Michigan`

Trade Name if any

P O Box Bldg Room No if any

Street `600 Lafayette East`

City `Detroit`

State `Michigan`   ZIP Code + 4 `48226 2998`

9 Business deals with

☐ a Labor Organization

☐ b Trust

☒ c Employer

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10 If 9 b or 9 c is checked give trust or employer's name

Name `Blue Cross Blue Shield Of Michigan`

Trade Name if any

P O Box, Bldg Room No if any

Street `600 Lafayette`

City `Detroit`

State `Michigan`   ZIP Code + 4 `48226 2998`

11 a Nature of such dealing

Member of Board of Directors overseeing operations of health care insurance company

11 b Approximate dollar value of such dealing $36,197

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State   ZIP Code + 4

13 b Is the Business an Employer ☐   or Consultant ☐ ?

14 a Nature of payment.

14 b Amount of payment.

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT
ATTACHMENT

To the best of my knowledge this is all that I can remember regarding my activities for the given period   If anything further comes to my attention I will amend this filing